

ROAD CHEMICAL STORAGE FACILITY RECORD		Wisconsin Department of Transportation	RECERTIFICATION DATA
DT1871 03/05 Trans 277 Wisconsin Administrative Code		COUNTY NAME	
A. DOT Return Address		Provide corrections to any item marked false on page 2 or on a separate sheet, attach & return to the address in box A.	
1. Record Prepared By (please print)		2. Site Identification Number	Item 1 True <input type="checkbox"/> False <input type="checkbox"/> Item 2 District Validates
3. Site Address (use house number or emergency response number including zip of the site itself, not)		Item 3 True <input type="checkbox"/> False <input type="checkbox"/>	
		4. Enter name of compliance contact person in the space to the left 5 Enter US postal address of the compliance contact person in the space to the left	Item 4 True <input type="checkbox"/> False <input type="checkbox"/> Item 5 True <input type="checkbox"/> False <input type="checkbox"/>
6. Compliance Contact's Telephone Number		7. Compliance Contact's Fax Number	Item 6 True <input type="checkbox"/> False <input type="checkbox"/> Item 7 True <input type="checkbox"/> False <input type="checkbox"/>
8. Compliance Contact's Internet E-Mail Address		9. Site's Latitude & Longitude Coordinates	Item 8 True <input type="checkbox"/> False <input type="checkbox"/> Item 9 District Validates
10. Site Owner's Name		11. Site Owner's Employer Identification Number	Item 10 True <input type="checkbox"/> False <input type="checkbox"/> Item 11 True <input type="checkbox"/> False <input type="checkbox"/>
12. Wisconsin Address Where Site Records Are Kept		Item 12 True <input type="checkbox"/> False <input type="checkbox"/>	

13. SUBSITE	DATA		Facility Type		Select one type per subsite					
Material Stored on or in Subsite	Subsite Label	Functional Capacity	Shed	Hi Arch	Stock Pile	Dome	Tank	Crib	Other	All data on a block 13 line must be correct for the line to be marked true
13.1 Salt										Item 13.1 True <input type="checkbox"/> False <input type="checkbox"/>
13.2 Salt										Item 13.2 True <input type="checkbox"/> False <input type="checkbox"/>
13.3 Salt										Item 13.3 True <input type="checkbox"/> False <input type="checkbox"/>
13.4 Salt										Item 13.4 True <input type="checkbox"/> False <input type="checkbox"/>
13.5 Salt Sand Mix										Item 13.5 True <input type="checkbox"/> False <input type="checkbox"/>
13.6 Salt Sand Mix										Item 13.6 True <input type="checkbox"/> False <input type="checkbox"/>
13.7 Ca Cl dry										Item 13.7 True <input type="checkbox"/> False <input type="checkbox"/>
13.8 Ca Cl liquid										Item 13.8 True <input type="checkbox"/> False <input type="checkbox"/>
13.9 Mg Cl dry										Item 13.9 True <input type="checkbox"/> False <input type="checkbox"/>
13.10 Mg Cl Liquid										Item 13.10 True <input type="checkbox"/> False <input type="checkbox"/>
13.11 Ice Ban										Item 13.11 True <input type="checkbox"/> False <input type="checkbox"/>
13.12 Salt Brine										Item 13.12 True <input type="checkbox"/> False <input type="checkbox"/>
13.13 Various Liquids										Item 13.13 True <input type="checkbox"/> False <input type="checkbox"/>
13.14										Item 13.14 True <input type="checkbox"/> False <input type="checkbox"/>
13.15										Item 13.15 True <input type="checkbox"/> False <input type="checkbox"/>
13.16										Item 13.16 True <input type="checkbox"/> False <input type="checkbox"/>
13.17										Item 13.17 True <input type="checkbox"/> False <input type="checkbox"/>
13.18										Item 13.18 True <input type="checkbox"/> False <input type="checkbox"/>
13.19										Item 13.19 True <input type="checkbox"/> False <input type="checkbox"/>
13.20										Item 13.20 True <input type="checkbox"/> False <input type="checkbox"/>

